MAXIMUS Federal Services

| Case Number: | CM15-0163802 | | |
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| Date Assigned: | 09/01/2015 | Date of Injury: | 02/26/2014 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male who sustained an industrial injury on 2-26-14 while carry a couch on his back and right shoulder up a flight of stairs when he fell down three stairs turning and pivoting on his right knee with the couch landing on top of him. He had significant back pain with multiple areas of pain including the neck radiating to left shoulder and down left upper extremity. Back pain radiated into buttocks and bilateral lower extremities and right knee pain. He currently complains of sharp, stabbing low back pain with a constant ache and radiation to the left buttocks and down the back of the leg to the ankle and feet with numbness and tingling into the toes. He gets numbness, tingling and muscle spasms of the leg. He uses a cane for ambulation. On physical exam of the lumbar spine there was tenderness to palpation with pain over the left facet joints L4-5 and L5-S1, decreased range of motion, positive straight leg raise on the left, decreased sensation over the left S1 dermatome. Medications were Tramadol, Lyrica, Zoloft. Medications improve his ability to perform activities of daily living. Diagnoses include chronic pain syndrome; herniated lumbar disc; degenerative disc disease, lumbosacral region; lumbago; spinal stenosis; radiculopathy; depression; left shoulder acromioclavicular joint arthritis; left shoulder labral tear and partial thickness rotator cuff tear, status post left shoulder arthroscopic rotator cuff repair, labral debridement (2-17-15). Treatments to date include medications with relief; physical therapy without benefit. Diagnostics include MRI of the cervical spine (7-7-14) mild abnormalities; x-ray of the lumbar spine (1-7-15) showing osteophyte formation but no dislocation. In the progress note dated 7-9-15 the treating provider's plan of care included a request for Tramadol 50 mg as needed for breakthrough pain.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving Tramadol since at least July 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be authorized.